

## MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF ENVIRONMENTAL HEALTH SERVICES FOOD ESTABLISHMENT INSPECTION REPORT

TIME IN TIME OUT DATE PAGE 1 of

NEXT ROUTINE INSPE	TION THIS DAY, THE ITEMS NOT CTION, OR SUCH SHORTER PER	RIOD OF TIME AS MA	AY BE SPEC	CIFIED I	N WRIT	ING BY T	HE REG	GULAT	FORY AUTHORITY. FAILUF			
ESTABLISHMENT		OWNER:			N OF YOU	JR FUU	U OP	PERSON IN CHARGE:				
ADDRESS:				ESTABLISHMENT NUMBER:				COUNTY:				
CITY/ZIP:		PHONE:	PHONE:		FAX:				P.H. PRIORITY :	Н	М	L
ESTABLISHMENT TYPE BAKERY RESTAURANT	C. STORE CATERE		l Mer F.P.		GROCEF	RY STORI	E		STITUTION MOI MP.FOOD	BILE VE	NDOR	S
PURPOSE Pre-opening	Routine Follow-up	Complaint	Other									
FROZEN DESSERT Approved Disapproved Not Applicable License No.			COMMUNITY NON-CO					MMUNITY PRIVATE mpled Results				
		RISK FACT		D INTE	RVENT	IONS						
	preparation practices and employee							ontrol a	and Prevention as contributin	ng factor	s in	
Compliance	eaks. Public health interventions Demonstration of Kn				ne IIInes: mpliance	s or injury		Pc	tentially Hazardous Foods		COS	S R
IN OUT	Person in charge present, demor	0		IN (	OUT N	I/O N/A	Proper		ing, time and temperature			
	and performs duties Employee Hea	lth		IN (	OUT N	I/O N/A	Proper	r rehe	ating procedures for hot hold	ding		
IN OUT	Management awareness; policy			IN (		I/O N/A			ng time and temperatures			
IN OUT	Proper use of reporting, restriction Good Hygienic Pra				<u>OUT N</u> OUT	N/O N/A N/A			olding temperatures holding temperatures	_		
IN OUT N/O	Proper eating, tasting, drinking o No discharge from eyes, nose ar			IN	OUT N	V/O N/A			marking and disposition Jblic health control (procedur	roo /	_	
IN OUT N/O				IN	OUT N	I/O N/A	record			1657		
IN OUT N/O	Preventing Contamination Hands clean and properly washe					mer a	Consumer Advisory advisory provided for raw or					
IN OUT N/O	No bare hand contact with ready						underd		hly Susceptible Populations			
IN OUT	approved alternate method proper			IN		I/O N/A			foods used, prohibited foods	s not	1.1	
	accessible Approved Sour	rce.					offered	ł	Chemical			
IN OUT Food obtained from approved source		urce		IN	OUT	N/A	Food additives: approved and properly used					
IN OUT N/O N/A	Food received at proper tempera	iture		IN	OUT	T Toxic substances properly identified, stored used				red and		
IN OUT Food in good condition, safe and unadulte				Confo				ance with Approved Proced				
IN OUT N/O N/A	destruction			IN OUT N/A Compliance and HACC				with approved Specialized P plan	rocess			
IN OUT N/A	Protection from Conta Food separated and protected	amination		The	letter to	the left of	each ite	-m inc	licates that item's status at th	he time (	of the	
	Food-contact surfaces cleaned &	sanitized		inspection.								
Proper disposition of returned pre-			IN = in compliance N/A = not applicable				OUT = not in compliance N/O = not observed					
IN OUT N/O	reconditioned, and unsafe food	•				=Correcte	d On Sit	e	R=Repeat Item			
	Good Retail Practices are prevent		OD RETAIL			ogens che	micals	and r	hysical objects into foods			
IN OUT	Safe Food and Water		COS R	IN	OUT	Sgens, ene	Jinicaio,		er Use of Utensils		COS	R
	urized eggs used where required r and ice from approved source								ly stored nd linens: properly stored, dr	hoi		
Water				handled			• •					
Adea	Food Temperature Contro Adequate equipment for temperature con			_		Single-us Gloves u			ice articles: properly stored,	used		
Adequate equipment for temperature cont Approved thawing methods used							Uten	sils, E	quipment and Vending			
Thermometers provided and accurate									ntact surfaces cleanable, pro , and used	perly		
						shing fa		: installed, maintained, used	; test			
Food								ces clean				
Insect	nation				Hot and	cold wa		ysical Facilities ailable; adequate pressure				
Conta	eparation, storage							oper backflow devices			1	
and display Personal cleanliness: clean outer clothing, hair		g, hair restraint,		-		Sewage	and was	stewa	ter properly disposed			
fingernails and jewelry		- ''								anod		
Wiping cloths: properly used and stored           Fruits and vegetables washed before use				1		Garbage	acilities: properly constructed, supplied, cleaned ge/refuse properly disposed; facilities maintained					L
	×							s insta	lled, maintained, and clean			
Person in Charge /T	nie: Naige Not foll							Date	2			
Inspector:	Peroust Jungur X Markan	/	T	elepho	ne No.	EPH	S No.		ow-up: Yes ow-up Date:	;	Ν	10
MO 580-1814 (9-13)		DISTRIBUTION: WHITE -	OWNER'S COF	γ	C	CANARY – FII	E COPY	2	- p - 1 - 2= 1			E6.37



## MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF ENVIRONMENTAL HEALTH SERVICES FOOD ESTABLISHMENT INSPECTION REPORT

	OOD ESTABLISHMENT IN	SPECTION REPORT			PAGE <sup>2</sup> of			
ESTABLISHMEN	STABLISHMENT NAME ADDRESS CITY / ZIP							
FOOD PRODUCT/LOCATION		TEMP. in ° F	P. in ° F FOOD PRODUCT/ LOCA			TEMP. ir	TEMP. in ° F	
Code		PRIORITY I	TEMS			Correct by	Initial	
Reference	Priority items contribute directly to the or injury. These items MUST RECEIN	e elimination, prevention or reduction	n to an acceptable level, haza 2 hours or as stated.	rds associated	with foodborne illness	(date)		
							PN	
							Dal	
							PN	
							PN	
							PN	
Code Reference	Core items relate to general sanitation	CORE ITE n, operational controls, facilities or s	structures, equipment design,	general mainte	nance or sanitation	Correct by (date)	Initial	
	standard operating procedures (SSO	Ps). These items are to be correct	cted by the next regular insp	ection or as s	tated.		PN	
							,,,,	
							PN	
							PN	
							PN	
							PN	
							PN	
		EDUCATION PROV	IDED OR COMMENTS					
Person in Ch	arge /Title: Kiege Norpul				Date:			
Inspector:	atilype Pecanet fingues	Maikay	Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No	
MO 580-1814 (9-13)		DISTRIBUTION: WHITE - OWNER'S CO	PY CANARY – FILE C	OPY	. chow up Duto.		E6.37A	



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	DOD ESTABLISHMENT IN	NSPECTION REPORT			PAGE <sup>3</sup> of		
ESTABLISHMEN	「 NAME	ADDRESS		CITY /ZIF	)		
FOOD PRODUCT/LOCATION		TEMP. in ° F FOOD PRODUCT/ I			ION	TEMP. ir	n°F
Code		PRIORITY II	EMS			Correct by	Initial
Reference	Priority items contribute directly to the or injury. These items MUST RECEIN	e elimination, prevention or reduction VE IMMEDIATE ACTION within 72	to an acceptable level, hazar hours or as stated.	ds associated	l with foodborne illness	(date)	
Code Reference	Core items relate to general sanitation	CORE ITE	MS	eneral maint	anance or sanitation	Correct by (date)	Initial
Reference	standard operating procedures (SSOI	Ps). These items are to be correct	ted by the next regular inspe	ection or as	stated.	(date)	0.1
							PN
							PN
		EDUCATION PROVI	DED OR COMMENTS				
Domon in Ol		~			Data:		
Person in Ch	Valge The four	- 1 MA	Tolonhors No	EPHS No.	Date:	Vaa	NI-
Inspector: MO 580-1814 (9-13)	atily Pecanot Pingu	Mallay DISTRIBUTION: WHITE - OWNER'S COP			Follow-up: Follow-up Date:	Yes	No E6.37A